

TRAVEL EXPENSE CLAIM

[See Instructions and Privacy](#)

Statement on Reverse Side

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STD 262 (REV 10/92)

CLAIMANT'S NAME		SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
Rachel Cameron				Press	
POSITION	CB/ID NUMBER	DIVISION OR BUREAU			INDEX NUMBER
Deputy Press Secretary		Office of the Governor			
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS			TELEPHONE NUMBER
		State Capitol			
		CITY	STATE	ZIP	
		Sacramento	CA	95814	

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION					BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT			
May-09														
3-May	7:00 PM	Los Angeles								110.54	11	4.90		115.44
4-May	3:00 PM	Sacramento	157.32					309.20			11	4.90	12.00	483.42
6-May	5:00 AM	San Diego		5.15				359.20		65.46	22	9.79		439.60
6-May	7:00 PM	Los Angeles	140.80					149.60			11	4.90		295.30
7-May		Santa Barbara/Los Angeles	144.89	4.36	10.00	18.00	6.00			26.00		0.00	1.00	210.25
8-May	7:00 PM	Sacramento			10.00	18.00	6.00	149.60		139.45	11	4.90		327.95
11-May	7:00 AM	San Jose								4.00	247	109.92		113.92
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
SUBTOTALS			443.01	9.51	20.00	36.00	12.00	967.60	0.00	345.45	313	139.29	13.00	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$1,985.86	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staffed GS public events:

5/4: Press Conference in LA on Recovery Act Money

5/6: Press Conference in SD on wildfire preparedness

5/6 - 5/8: Press Conferences in Santa Barbara and Los Angeles on fire and recovery act money

5/11: Budget Roundtable in San Jose

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

DATE 5/15/09

DATE 5/15/09

DATE _____

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE
6-1-89